

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004102

Entity Name: NEIGHBORCARE PHARMACY SERVICES, INC.

Current Principal Place of Business:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI,, OH 45202

Current Mailing Address:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI,, OH 45202 US

FEI Number: 23-2963282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name HALEY, ELIZABETH A
Address 900 OMNICARE CENTER
201 EAST FOURTH STREET
City-State-Zip: CINCINNATI, OH 45202

Title SD
Name KUKULSKI, JONATHAN D
Address 900 OMNICARE CENTER
201 EAST FOURTH STREET
City-State-Zip: CINCINNATI, OH 45202

Title TD
Name LECKY, DONNA M
Address 900 OMNICARE CENTER
201 EAST FOURTH STREET
City-State-Zip: CINCINNATI, OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN D KUKULSKI

SECRETARY

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date